

FILED MAY 26 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16252

State File No. _____

Registrar's No. 10

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>	
1. PLACE OF DEATH a. COUNTY <u>Monroe</u> <u>0461</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>		
b. CITY OR TOWN <u>West Plains</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0461</u>		d. STREET ADDRESS <u>703 W Broadway</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Lou</u> b. (Middle) <u>Ida</u> c. (Last) <u>Adams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-18-52</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>10/20-1872</u>	9. AGE (In years last birthday) <u>79</u>	10. UNDER 1 YEAR <u>5</u> MONTHS <u>28</u> HOURS <u>18</u> MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Chicago, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>J. H. Bussell</u>		13b. MOTHER'S M maiden NAME <u>Ida Adams</u>	
14. NAME OF HUSBAND OR WIFE <u>Ida Adams</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Smith, St Louis Mo</u>		18. ADDRESS <u>St Louis Mo</u>		19. MEDICAL CERTIFICATION	
19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility, Dementia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Nov 18, 1950</u> , to <u>April 18, 1952</u> , that I last saw the deceased alive on <u>April 10, 1952</u> , and that death occurred at <u>8</u> <u>2</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. H. B. Forest MD</u>		23b. ADDRESS <u>West Plains Mo</u>		23c. DATE SIGNED <u>5/5/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-19-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Mo</u>	
24d. LOCATION (City, town, or county) (State) <u>Washington Mo</u>		24e. DATE REC'D BY LOCAL REG. <u>5-19-52</u>		24f. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	
24g. FUNERAL DIRECTOR'S SIGNATURE <u>Robert M. Roberts</u>		24h. ADDRESS <u>West Plains Mo</u>		24i. DATE SIGNED <u>5/5/52</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed.....

A. D. Robertson

Licensed Embalmer No. *3137*

P. O. Address *West Haven*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER, in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.